PART B - FEE(S) TRANSMITTAL

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SUGHRUE MION, PLLC 2100 PENNSYLVANIA AVENUE, NW SUITE 800 WASHINGTON, DC 20037 Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

APPLICATION N	IO FILINO	FILING DATE FIRST NAM		MED INVENTOR ATT		OCKET NO.	CONFIRMATION NO.	
10/591,614		09/05/2006		·o	Q96727		3121	
TITLE OF INVENTION: THIAZOLE DERIVATIVE								
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	ON PREV	. PAID ISSUE FEE	TOTAL FEE DUE	(S) DATE DUE	
nonprovisional	NO	\$1510.00	\$300.00		\$0.00	\$1,810.00	01/29/2010	
EXAMINER			ART UNIT	Γ CLA	ASS-SUBCLASS			
	1625		514-301000					
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363 2. For printing on the patent front page list 1 Sughrue Mi							Sughrue Mion, PLLC	
☐ Change of correspondence address (or Change of Correspondence Address forn PTO/SB/122) attached.					es of up to 3 regist gents OR, alternativel			
☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) ATTACHED. Use of a Customer Number is required.				Rev (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)								
PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.								
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)								
TAISHO PHARMACEUTICAL CO., LTD Tokyo, Japan								
Please check the appropriate assignee category or categories (will not be printed on the patent): 🗆 Individual 🗹 Corporation or other private group entity 🗅 Government								
4a. The following fee(s) are submitted:			4b. Paymen	4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)				
☑ Issue Fee				☐ A check is enclosed.				
☑ Publication Fee (No small entity discount permitted)				☐ Payment by credit card. Form 1310-2038 is attached.				
☐ Advance Order - # of Copies			overpaymen	\square The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number $\underline{19-4880}$.				
		☐ The USPTO is directed and authorized to charge all required fees to Deposit Account No. 19-4880. Please also credit any overpayments to said Deposit Account.						
5. Change in Entity Status (from status indicated above)								
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).								
The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.								
NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.								
Authorized Signature Susan 1			Mark	Date Date		January 2	January 25, 2010	
Typed or Printed Name Susan J. Mack			•	Registration No.				